Original - Court 1st copy - Respodnent 2nd copy - Friend of the Court

Approved, SCAO

3rd copy - Arresting agency 4th copy - Depositor

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY

BOND (Civil Contempt)

CASE NO.

| COUNTY | (Civil Contempt) | | |
|--|--|--|--|
| Court address | | Court telephone no. | |
| Plaintiff | v Defendant | | |
| Date of arrest Arresting | g agency and address | Agency file no. | |
| TYPE OF BOND: Cash The type of bond received must be that ordered by the court on the be | the same as *Proof of value and inte | unt/Value of Bond: \$ rest in real property is required | |
| Received from | a bond or cash in the amount of _ | dollars to assure the | |
| appearance of | before | , | |
| to respond to an order to show cause order. If the payer fails to appear a to abide by an order of the court, th disbursement unit for payment of th or cash with the officer and acce | of , at on the why s/he should not be held in contempt for failure of the time and place indicated above and submit to be bond or cash deposited shall be transmitted to be arrearage to the recipient of support and of costs to pting this receipt, the recipient of this receipt vor its transmittal to the friend of the court or to | or refusal to obey or perform a support the jurisdiction of the court and fails the friend of the court or to the state to the court. By depositing the bond vaives a claim to the money under | |
| Date | Signature of depositor of money | | |
| Officer | Department | Department receipt number | |
| | TERMS AND CONDITIONS | | |
| 2. I will immediately notify the court in I understand that at the hearing the count to be applied to my support account a | ntil the court hearing, I promise: and place as directed in the receipt above and as writing of any change in my address or telephone ourt will determine how much of the bond money will how much, if any, will be returned to me. court may issue a bench warrant for my arrest and the | e number. vill be paid to the Friend of the Court | |
| Signature | | | |
| Address | Employer | Employer | |
| City, state, zip | Employer's address | | |
| Social Security no. Date or | Date of birth City, state, zip | | |
| Driver license no. | | | |